

**City of Blue Lake Parks & Recreation
2011 Thanksgiving School Break Camp**

REGISTRATION FORM

NAME OF CHILD: _____ AGE: _____
PARENT/GUARDIAN: _____ EMAIL: _____
MAILING ADDRESS: _____ CITY: _____ ZIP: _____
PRIMARY PHONE: _____ OTHER PHONE: _____

LIABILITY WAIVER

I hereby give my permission to allow my child named above to participate in the activities offered by Blue Lake Break Camp. Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending the Blue Lake Break Camp, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Blue Lake Break Camp, including those offered during extended care hours.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PROGRAM INFORMATION

General Information: Blue Lake Break Camp is a fun and exciting youth recreation program taking place at Prasch Hall. Activities focus on arts and crafts, fun games, sports and skating.

Program Days/Hours: Blue Lake Break Camp is offered Monday-Wednesday, November 21st - November 23rd from 9:00 am- 5:00 pm. Extended care is available from 8:30 am- 9:00 am and from 5:00 pm- 5:30 pm daily.

Program Fees: Blue Lake Break Camp offers different registration options to accommodate today's busy family schedules. Half day options allow attendance from either 9:00 am- 1:00 pm or 1:00 pm- 5:00 pm.

<u>Registration Option</u>	<u>Non-Resident Fee</u>	<u>20% Discounted Resident Fee</u>
Daily Full Day	\$24.00	\$20.00
Daily Half Day	\$15.00	\$12.00
Extended Care AM or PM Daily	\$5.00	\$4.00

PROGRAM REGISTRATION

Monday, November 22	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday, November 23	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday, November 24	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Extended Care: <input type="checkbox"/> AM <input type="checkbox"/> PM

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For Office Use Only

Registration Fees: Paid \$ _____ Date Paid: _____ Check Number(s) _____ (If cash, write "cash")

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ADDITIONAL INFORMATION

Will your child be allowed to walk home at the end of their camp session? ☐ Yes ☐ No

Will you or someone you designate be picking up your child at the end of their camp session? ☐ Yes ☐ No

If yes, please list all persons allowed to pick up your child below, including yourself:

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.